U.S. Department of Labor Office of Labor-Månagement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CIME O	
1. File Number U - 1. File Numbe	2. Fiscal Year Covered From:
8054	П/ П/ 2004 Through: [2/3]/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Alinear L. Moore,	Name Not 1 Football Legger Players Association
(and the best of the second s	Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 4h +100
Street JONEL Street NW	Street 2021 L Street N.W.
city Lashington	city Washington
State District of Columbia ZIP Code + 4 20036	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizate.	r derived income or other economic benefit of etion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	Mon represents or is actively according to represent
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street]
City	
State ZIP Code + 4	
	ignature
and at the state of the leave under napolity	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Muncer Moore	File Number U- 124
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sony Fictions Entertainment	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 10202 (1) Workington Blue	C. Employer
City City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Dinne
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11 h. Approximate dollar value of such dealing. 75.00
City	11.b. Approximate dollar value of such dealing. 75,00
State ZIP Code + 4	12.a. Nada of more
	12.b. Amount.
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	14.b. Amount of payment.
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